



# HIPAA Companion Guide Specifications

NCPDP Pharmaceutical Drug Claim Version 1.1

Version 1.0  
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## 1. INTRODUCTION

This Companion Guide is designed to be used in conjunction with the *HIPAA Implementation Guide and Data Dictionary*. The companion guide specifications define current functions and other information specific to North Carolina Medicaid (NCXIX). The Division of Medical Assistance's (DMA) solution for HIPAA recommends suggested methods for utilizing the transactions.



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## 2. SCOPE

The *United States Congress* included provisions to address the need for standards for electronic transactions and other administrative simplification issues in the HIPAA, Public Law 104-191, which was enacted on August 21, 1996. Through subtitle F of title II of that law, *Congress* added to title XI of the *Social Security Act* a new part C, titled "Administrative Simplification." On August 17, 2000, final regulations were published in the *Federal Register* for "Standards for Electronic Transactions", which became effective on October 16, 2000. The final rule requires compliance be met within two years of the rule effective date, making compliance necessary by October 16, 2002 unless covered entities have filed for an extension to the deadline. In 2001, in the Administrative Simplification Compliance Act, Congress authorized a one-year extension to October 16, 2003 for those covered and required to comply in 2002. The North Carolina Department of Health and Human Services (DHHS) has filed an extension, which supports an extension for all divisions within DHHS, to include DMA.

National Council for Prescription Drug Programs (NCPDP) Version 1.1 is the transaction used for submission of electronic pharmaceutical drug claims in a batch (non-real-time) format. The NCPDP version 1.1 format allows trading partners to submit multiple batch pharmaceutical drug claim transactions for multiple NC Medicaid recipients directly to EDS without using a Value Added Network (VAN). The pharmaceutical drug claims within the NCPDP version 1.1 batch transactions will be reported back to the provider on the Remittance Advice (RA) and/or 835 Electronic RA (ERA). However, the State of North Carolina Medicaid program mandates the use of Point of Sale (POS) for pharmaceutical drug claim processing with the exception of the established filing practices in place at the time of this document's release.

There are numerous data elements both new and optional on the NCPDP version 1.1 transaction set, which the North Carolina Medicaid program will be using with the new transaction format. The North Carolina Medicaid program will process rebill and reversal pharmaceutical drug claims through NCPDP version 1.1 transaction functionality.

The NCPDP Pharmaceutical Drug Claim Version 1.1 Companion Guide provides a guideline for the submission of batch transactions. It is considered a supplement to the NCPDP Implementation Guide and Data Dictionary available from NCPDP. The Companion Guide provides support for the submission of HIPAA-compliant NCPDP version 1.1 pharmaceutical drug claims and ensures correct processing of batch pharmaceutical drug claims submitted to North Carolina Medicaid. North Carolina pharmacy filing practices should also be followed to ensure proper processing of claims for adjudication.

### 3. NCPDP VERSION 1.1 TRANSACTION MAP

NCPDP V1.1 Field	Field Name	Mandatory/Optional/Repeating	Field Type	Max Length	NCPDP 1.1 Value	North Carolina Medicaid Specifications
<b>Transaction Header Segment</b>						
101-A1	BIN NUMBER	M	N	6		For NC Medicaid use 601312
102-A2	VERSION/RELEASE NUMBER	M	A/N	2	11 = Version 1.1	For NC Medicaid V1.1 use 11 – version 1.1
103-A3	TRANSACTION CODE	M	A/N	2	B1 = Billing B2 = Reversal B3 = Rebill	For NC Medicaid V1.1 use B1 – Billing, B2 – Reversal, or B3 – Rebill
104-A4	PROCESSOR CONTROL NUMBER	M	A/N	10		For NC Medicaid V1.1 use 9999999999
109-A9	TRANSACTION COUNT	M	N	1	1 = One Occurrence 2 = Two Occurrences 3 = Three Occurrences 4 = Four Occurrences	Follow the rules of the Implementation Guide
202-B2	SERVICE PROVIDER ID QUALIFIER	M	A/N	2	05 = Medicaid	For NC Medicaid V1.1 use 05 - Medicaid
201-B1	SERVICE PROVIDER ID	M	A/N	15		For NC Medicaid V1.1 use NC Medicaid Pharmacy Provider Number
401-D1	DATE OF SERVICE	M	N	8	CCYYMMDD	Follow the rules of the Implementation Guide
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	A/N	10		For NC Medicaid V1.1 use 9999999999
<b>Patient Segment</b>						
<b>Insurance Segment</b>						



NCPDP V1.1 Field	Field Name	Mandatory/Optional/Repeating	Field Type	Max Length	NCPDP 1.1 Value	North Carolina Medicaid Specifications
SS	Segment Separator	M			<1E>	For NC Medicaid V1.1 use <1E>
FS	Field Separator/ID	M			<1C>AM	For NC Medicaid V1.1 use <1C>AM
111-AM	SEGMENT IDENTIFICATION	M	N	2	04	Follow the rules of the Implementation Guide
	Field Separator/ID	M			<1C>C2	For NC Medicaid V1.1 use <1C>C2
302-C2	CARDHOLDER ID	M	A/N	20		For NC Medicaid V1.1 use NC Medicaid Recipient Medicaid Identification (MID) Number
FS	Field Separator/ID	M			<1C>CC	For NC Medicaid V1.1 use <1C>CC
312-CC	CARDHOLDER FIRST NAME	O	A/N	12		Follow the rules of the Implementation Guide
FS	Field Separator/ID	M			<1C>CD	For NC Medicaid V1.1 use <1C>CD
313-CD	CARDHOLDER LAST NAME	O	A/N	15		Follow the rules of the Implementation Guide
FS	Field Separator/ID	M			<1C>CE	For NC Medicaid V1.1 use <1C>CE
314-CE	HOME PLAN	O	A/N	3		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>FO	For NC Medicaid V1.1 use <1C>FO
524-FO	PLAN ID	O	A/N	6		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>C9	For NC Medicaid V1.1 use <1C>C9
309-C9	ELIGIBILITY CLARIFICATION CODE	O	N	1		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>C9	For NC Medicaid V1.1 use <1C>C9
336-8C	FACILITY ID	O	A/N	10		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>8C	For NC Medicaid V1.1 use <1C>8C
301-C1	GROUP ID	O	A/N	15		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>C1	For NC Medicaid V1.1 use <1C>C1



NCPDP V1.1 Field	Field Name	Mandatory/Optional/Repeating	Field Type	Max Length	NCPDP 1.1 Value	North Carolina Medicaid Specifications
303-C3	PERSON CODE	O	A/N	3		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>C6	<b>For NC Medicaid V1.1 use &lt;1C&gt;C6</b>
306-C6	PATIENT RELATIONSHIP CODE	O	N	1		NC Medicaid V1.1 does not use this field
<b>Claim Segment</b>						
GS	Group Separator	M			<1D>	<b>For NC Medicaid V1.1 use &lt;1D&gt;</b>
SS	Segment Separator	M			<1E>	<b>For NC Medicaid V1.1 use &lt;1E&gt;</b>
FS	Field Separator/ID	M			<1C>AM	<b>For NC Medicaid V1.1 use &lt;1C&gt;AM</b>
111-AM	SEGMENT IDENTIFICATION	M	N	2	07	Follow the rules of the Implementation Guide
FS	Field Separator/ID	M			<1C>EM	<b>For NC Medicaid V1.1 use &lt;1C&gt;EM</b>
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	A/N	1	Blank = Not specified 1 = Prescription (Rx) Billing 2 = Service Billing	<b>NC Medicaid V1.1 only accepts Rx billing.</b>
FS	Field Separator/ID	M			<1C>D2	<b>For NC Medicaid V1.1 use &lt;1C&gt;D2</b>
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	N	7		Follow the rules of the Implementation Guide
FS	Field Separator/ID	M			<1C>E1	<b>For NC Medicaid V1.1 use &lt;1C&gt;E1</b>
436-E1	PRODUCT/SERVICE ID QUALIFIER	M	A/N	2		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>D7	<b>For NC Medicaid V1.1 use &lt;1C&gt;D7</b>
407-D7	PRODUCT/SERVICE ID	M	N	19		<b>For NC Medicaid V1.1 use NDC</b>
FS	Field Separator/ID	M			<1C>EN	<b>For NC Medicaid V1.1 use &lt;1C&gt;EN</b>



NCPDP V1.1 Field	Field Name	Mandatory/Optional/Repeating	Field Type	Max Length	NCPDP 1.1 Value	North Carolina Medicaid Specifications
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE #	O	N	7		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>EP	<b>For NC Medicaid V1.1 use &lt;1C&gt;EP</b>
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	O	N	8		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>SE	<b>For NC Medicaid V1.1 use &lt;1C&gt;SE</b>
458-SE	PROCEDURE MODIFIER CODE COUNT	O	N	1		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>ER	<b>For NC Medicaid V1.1 use &lt;1C&gt;ER</b>
459-ER	PROCEDURE MODIFIER CODE	O/R	A/N	2		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>E7	<b>For NC Medicaid V1.1 use &lt;1C&gt;E7</b>
442-E7	QUANTITY DISPENSED	O	N	10		Follow the rules of the Implementation Guide
FS	Field Separator/ID	M			<1C>D3	<b>For NC Medicaid V1.1 use &lt;1C&gt;D3</b>
403-D3	NEW/REFILL CODE	O	N	2	00 = New prescription 01-99 = Subsequent prescriptions	Follow the rules of the Implementation Guide
FS	Field Separator/ID	M			<1C>D5	<b>For NC Medicaid V1.1 use &lt;1C&gt;D5</b>
405-D5	DAYS SUPPLY	O	N	3		Follow the rules of the Implementation Guide
FS	Field Separator/ID	M			<1C>D6	<b>For NC Medicaid V1.1 use &lt;1C&gt;D6</b>
406-D6	COMPOUND CODE	O	N	1	1, 2	<b>For NC Medicaid V1.1 use 1 – Not a Compound or 2 - Compound</b>
FS	Field Separator/ID	M			<1C>D8	<b>For NC Medicaid V1.1 use &lt;1C&gt;D8</b>





NCPDP V1.1 Field	Field Name	Mandatory/Optional/Repeating	Field Type	Max Length	NCPDP 1.1 Value	North Carolina Medicaid Specifications
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	O	A/N	1	1 = Substitution Not Allowed by Prescriber 5 = Substitution Allowed - Brand Drug Dispensed as a Generic 7 = Substitution Not Allowed - Brand Drug Mandated by Law	<b>For NC Medicaid V1.1 use 1 - Substitution Not Allowed by Prescriber as directed by the physician, 5 - Substitution Allowed-Brand Drug Dispensed as a Generic, or 7 - Substitution Not Allowed-Brand Drug Mandated by Law due to the drug classification</b>
FS	Field Separator/ID	M			<1C>DE	<b>For NC Medicaid V1.1 use &lt;1C&gt;DE</b>
414-DE	DATE PRESCRIPTION WRITTEN	O	N	8		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>DF	<b>For NC Medicaid V1.1 use &lt;1C&gt;DF</b>
415-DF	NUMBER OF REFILLS AUTHORIZED	O	N	2	0 = Not specified 1-98 = number of refills 99 = unlimited	NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>DJ	<b>For NC Medicaid V1.1 use &lt;1C&gt;DJ</b>
419-DJ	PRESCRIPTION ORIGIN CODE	O	N	1	0 = Not Specified 1 = Written 2 = Telephone 3 = Electronic 4 = Fax	NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>DK	<b>For NC Medicaid V1.1 use &lt;1C&gt;DK</b>



NCPDP V1.1 Field	Field Name	Mandatory/Optional/Repeating	Field Type	Max Length	NCPDP 1.1 Value	North Carolina Medicaid Specifications
420-DK	SUBMISSION CLARIFICATION CODE	O	N	2	0 = Not Specified, Default 1 = No Override 2 = Other Override 3 = Vacation Supply - The cardholder has requested a vacation supply of the medicine. 4 = Lost Prescription - The cardholder has requested a replacement of medication that has been lost. 5 = Therapy Change - The physician has determined that a change in therapy was required. 6 = Starter Dose - The pharmacist is indicating that the previous medication was a starter dose. 7 = Medically Necessary- Determined by the physician to be medically necessary 8 = Process Compound For approved ingredients 9 = Encounters	For NC Medicaid V1.1 use 2 – Supply override
FS	Field Separator/ID	M			<1C>ET	For NC Medicaid V1.1 use <1C>ET
460-ET	QUANTITY PRESCRIBED	O	N	10		NC Medicaid V1.1 does not use this field



NCPDP V1.1 Field	Field Name	Mandatory/Optional/Repeating	Field Type	Max Length	NCPDP 1.1 Value	North Carolina Medicaid Specifications
FS	Field Separator/ID	M			<1C>C8	<b>For NC Medicaid V1.1 use &lt;1C&gt;C8</b>
308-C8	OTHER COVERAGE CODE	O	N	2		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>DT	<b>For NC Medicaid V1.1 use &lt;1C&gt;DT</b>
429-DT	UNIT DOSE INDICATOR	O	N	1		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>EJ	<b>For NC Medicaid V1.1 use &lt;1C&gt;EJ</b>
453-EJ	ORIG PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	O	A/N	2		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>EA	<b>For NC Medicaid V1.1 use &lt;1C&gt;EA</b>
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE	O	A/N	19		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>EB	<b>For NC Medicaid V1.1 use &lt;1C&gt;EB</b>
446-EB	ORIGINALLY PRESCRIBED QUANTITY	O	D	10		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>CW	<b>For NC Medicaid V1.1 use &lt;1C&gt;CW</b>
330-CW	ALTERNATE ID	O	A/N	20		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>EK	<b>For NC Medicaid V1.1 use &lt;1C&gt;EK</b>
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	O	A/N	12		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>28	<b>For NC Medicaid V1.1 use &lt;1C&gt;28</b>
600-28	UNIT OF MEASURE	O	A/N	2	EA = Each GM = Grams ML = Milliliters	NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>DI	<b>For NC Medicaid V1.1 use &lt;1C&gt;DI</b>



NCPDP V1.1 Field	Field Name	Mandatory/Optional/Repeating	Field Type	Max Length	NCPDP 1.1 Value	North Carolina Medicaid Specifications
418-DI	LEVEL OF SERVICE	O	N	2		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>EU	For NC Medicaid V1.1 use <1C>EU
461-EU	PRIOR AUTHORIZATION TYPE CODE	O	N	2	0 = Not Specified 1 = Prior Authorization 2 = Medical Certification 3 = EPSDT (Early Periodic Screening Diagnosis Treatment) 4 = Exemption from Co-pay 5 = Exemption from Rx 6 = Family Planning Indicator 7 = AFDC (Aid to Families with Dependent Children) 8 = Payer Defined Exemption	For NC Medicaid V1.1 use 1 – Medicare covered drugs, 2 – Supply override, 4 - Exemption from co-pay, 5 - Exemption from 6 prescription limit, or 8 - Exemption from co-pay and 6 prescription limit
FS	Field Separator/ID	M			<1C>EV	For NC Medicaid V1.1 use <1C>EV
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	O	N	11		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>EW	For NC Medicaid V1.1 use <1C>EW
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	O	N	2	0 = Not Specified 1 = Intermediary Authorization 99 = Other Override	NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>EX	For NC Medicaid V1.1 use <1C>EX



NCPDP V1.1 Field	Field Name	Mandatory/Optional/Repeating	Field Type	Max Length	NCPDP 1.1 Value	North Carolina Medicaid Specifications
464-EX	INTERMEDIARY AUTHORIZATION ID	O	A/N	11		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>HD	<b>For NC Medicaid V1.1 use &lt;1C&gt;HD</b>
343-HD	DISPENSING STATUS	O	A/N	1	Blank = Not Specified P = Partial Fill C = Completion of Partial Fill	NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>HF	<b>For NC Medicaid V1.1 use &lt;1C&gt;HF</b>
344-HF	QUANTITY INTENDED TO BE DISPENSED	O	D	10		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>HG	<b>For NC Medicaid V1.1 use &lt;1C&gt;HG</b>
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	O	N	3		NC Medicaid V1.1 does not use this field
<b>Pharmacy Provider Segment</b>						
SS	Segment Separator	M			<1E>	<b>For NC Medicaid V1.1 use &lt;1E&gt;</b>
FS	Field Separator/ID	M			<1C>AM	<b>For NC Medicaid V1.1 use &lt;1C&gt;AM</b>
111-AM	SEGMENT IDENTIFICATION	M	N	2	02	NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>EY	<b>For NC Medicaid V1.1 use &lt;1C&gt;EY</b>
465-EY	PROVIDER ID QUALIFIER	O	A/N	2	01 = Drug Enforcement Administration (DEA)	<b>For NC Medicaid V1.1 use 01 – DEA</b>
FS	Field Separator/ID	M			<1C>E9	<b>For NC Medicaid V1.1 use &lt;1C&gt;E9</b>
444-E9	PROVIDER ID	O	A/N	15		Follow the rules of the Implementation Guide
<b>Prescriber Segment</b>						
SS	Segment Separator	M			<1E>	<b>For NC Medicaid V1.1 use &lt;1E&gt;</b>



NCPDP V1.1 Field	Field Name	Mandatory/Optional/Repeating	Field Type	Max Length	NCPDP 1.1 Value	North Carolina Medicaid Specifications
FS	Field Separator/ID	M			<1C>AM	<b>For NC Medicaid V1.1 use &lt;1C&gt;AM</b>
111-AM	SEGMENT IDENTIFICATION	M	N	2	03	Follow the rules of the Implementation Guide
FS	Field Separator/ID	M			<1C>EZ	<b>For NC Medicaid V1.1 use &lt;1C&gt;EZ</b>
466-EZ	PRESCRIBER ID QUALIFIER	O	A/N	2	12=DEA	<b>For NC Medicaid V1.1 use 12 – DEA</b>
FS	Field Separator/ID	M			<1C>DB	<b>For NC Medicaid V1.1 use &lt;1C&gt;DB</b>
411-DB	PRESCRIBER ID	O	A/N	15		Follow the rules of the Implementation Guide
FS	Field Separator/ID	M			<1C>1E	<b>For NC Medicaid V1.1 use &lt;1C&gt;1E</b>
467-1E	PRESCRIBER LOCATION CODE	O	A/N	3		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>DR	<b>For NC Medicaid V1.1 use &lt;1C&gt;DR</b>
427-DR	PRESCRIBER LAST NAME	O	A/N	15		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>PM	<b>For NC Medicaid V1.1 use &lt;1C&gt;PM</b>
498-PM	PRESCRIBER PHONE NUMBER	O	N	10		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>2E	<b>For NC Medicaid V1.1 use &lt;1C&gt;2E</b>



NCPDP V1.1 Field	Field Name	Mandatory/Optional/Repeating	Field Type	Max Length	NCPDP 1.1 Value	North Carolina Medicaid Specifications
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	O	A/N	2	Blank = Not Specified 01 = National Provider Identifier (NPI) 02 = Blue Cross 03 = Blue Shield 04 = Medicare 05 = Medicaid 06 = UPIN 07 = NCPDP Provider ID 08 = State license 09 = Champus 10 = Health Industry Number (HIN) 11 = Federal Tax ID 12 = DEA 13 = State issued 14 = Plan specific 99 = Other	NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>DL	<b>For NC Medicaid V1.1 use &lt;1C&gt;DL</b>
421-DL	PRIMARY CARE PROVIDER ID	O	A/N	15		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>H5	<b>For NC Medicaid V1.1 use &lt;1C&gt;H5</b>
469-H5	PRIMARY CARE PROVIDER LOCATION CODE	O	A/N	3		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>4E	<b>For NC Medicaid V1.1 use &lt;1C&gt;4E</b>



NCPDP V1.1 Field	Field Name	Mandatory/Optional/Repeating	Field Type	Max Length	NCPDP 1.1 Value	North Carolina Medicaid Specifications
470-4E	PRIMARY CARE PROVIDER LAST NAME	O	A/N	15		NC Medicaid V1.1 does not use this field
<b>COB/Other Payments Segment</b>						
SS	Segment Separator	M			<1E>	<b>For NC Medicaid V1.1 use &lt;1E&gt;</b>
FS	Field Separator/ID	M			<1C>AM	<b>For NC Medicaid V1.1 use &lt;1C&gt;AM</b>
111-AM	SEGMENT IDENTIFICATION	M	N	2	05	NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>4C	<b>For NC Medicaid V1.1 use &lt;1C&gt;4C</b>
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	M	N	1		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>5C	<b>For NC Medicaid V1.1 use &lt;1C&gt;5C</b>
338-5C	OTHER PAYER COVERAGE TYPE	M/R	A/N	2	Blank = Not Specified 01 = Primary 02 = Secondary 03 = Tertiary 98 = Coupon 99 = Composite	NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>6C	<b>For NC Medicaid V1.1 use &lt;1C&gt;6C</b>





NCPDP V1.1 Field	Field Name	Mandatory/Optional/Repeating	Field Type	Max Length	NCPDP 1.1 Value	North Carolina Medicaid Specifications
339-6C	OTHER PAYER ID QUALIFIER	O/R	A/N	2	Blank = Not Specified 01 = National Payer ID 02 = Health Industry Number (HIN) 03 = Bank Information Number (BIN) 04 = National Association of Insurance Commissioners (NAIC) 09 = Coupon 99 = Other	Follow the rules of the Implementation Guide
FS	Field Separator/ID	M			<1C>7C	<b>For NC Medicaid V1.1 use &lt;1C&gt;7C</b>
340-7C	OTHER PAYER ID	O/R	A/N	10		Follow the rules of the Implementation Guide
FS	Field Separator/ID	M			<1C>E8	<b>For NC Medicaid V1.1 use &lt;1C&gt;E8</b>
443-E8	OTHER PAYER DATE	O/R	N	8		NC Medicaid V1.1 ignores this field
FS	Field Separator/ID	M			<1C>HB	<b>For NC Medicaid V1.1 use &lt;1C&gt;HB</b>
341-HB	OTHER PAYER AMOUNT PAID COUNT	O	N	1		NC Medicaid V1.1 ignores this field
FS	Field Separator/ID	M			<1C>HC	<b>For NC Medicaid V1.1 use &lt;1C&gt;HC</b>



NCPDP V1.1 Field	Field Name	Mandatory/Optional/Repeating	Field Type	Max Length	NCPDP 1.1 Value	North Carolina Medicaid Specifications
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	O/R	A/N	2	Blank = Not Specified 01 = Delivery 02 = Shipping 03 = Postage 04 = Administrative 05 = Incentive 06 = Cognitive Service 07 = Drug Benefit 08 = Sum of All Reimbursement 98 = Coupon 99 = Other	Follow the rules of the Implementation Guide
FS	Field Separator/ID	M			<1C>DV	For NC Medicaid V1.1 use <1C>DV
431-DV	OTHER PAYER AMOUNT PAID	O/R	D	8		Follow the rules of the Implementation Guide
FS	Field Separator/ID	M			<1C>5E	For NC Medicaid V1.1 use <1C>5E
471-5E	OTHER PAYER REJECT COUNT	O	N	2		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>6E	For NC Medicaid V1.1 use <1C>6E
472-6E	OTHER PAYER REJECT CODE	O/R	A/N	3		NC Medicaid V1.1 does not use this field
DUR/PPS Segment						NC Medicaid V1.1 does not utilize this segment. Information received in this segment will be not be used in processing.
Pricing Segment						
SS	Segment Separator	M			<1E>	For NC Medicaid V1.1 use <1E>



NCPDP V1.1 Field	Field Name	Mandatory/Optional/Repeating	Field Type	Max Length	NCPDP 1.1 Value	North Carolina Medicaid Specifications
FS	Field Separator/ID	M			<1C>AM	<b>For NC Medicaid V1.1 use &lt;1C&gt;AM</b>
111-AM	SEGMENT IDENTIFICATION	M	N	2	11	NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>D9	<b>For NC Medicaid V1.1 use &lt;1C&gt;D9</b>
409-D9	INGREDIENT COST SUBMITTED	O	D	8		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>DC	<b>For NC Medicaid V1.1 use &lt;1C&gt;DC</b>
412-DC	DISPENSING FEE SUBMITTED	O	D	8		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>BE	<b>For NC Medicaid V1.1 use &lt;1C&gt;BE</b>
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	O	D	8		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>DX	<b>For NC Medicaid V1.1 use &lt;1C&gt;DX</b>
433-DX	PATIENT PAID AMOUNT SUBMITTED	O	D	8		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>E3	<b>For NC Medicaid V1.1 use &lt;1C&gt;E3</b>
438-E3	INCENTIVE AMOUNT SUBMITTED	O	D	8		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>H7	<b>For NC Medicaid V1.1 use &lt;1C&gt;H7</b>
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	O	N	1		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>H8	<b>For NC Medicaid V1.1 use &lt;1C&gt;H8</b>



NCPDP V1.1 Field	Field Name	Mandatory/Optional/Repeating	Field Type	Max Length	NCPDP 1.1 Value	North Carolina Medicaid Specifications
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	O/R	A/N	2	Blank = Not Specified 01 = Delivery Cost 02 = Shipping Cost 03 = Postage Cost 04 = Administrative Cost 99 = Other	NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>H9	<b>For NC Medicaid V1.1 use &lt;1C&gt;H9</b>
480-H9	OTHER AMOUNT CLAIMED SUBMITTED	O/R	D	8		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>HA	<b>For NC Medicaid V1.1 use &lt;1C&gt;HA</b>
481-HA	FLAT SALES TAX AMOUNT SUBMITTED	O	D	8		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>GE	<b>For NC Medicaid V1.1 use &lt;1C&gt;GE</b>
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	O	D	8		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>HE	<b>For NC Medicaid V1.1 use &lt;1C&gt;HE</b>
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	O	D	7		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>JE	<b>For NC Medicaid V1.1 use &lt;1C&gt;JE</b>
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	O	A/N	2	Blank = Not Specified 01 = Gross Amount Due 02 = Ingredient Cost 03 = Ingredient Cost + Dispensing Fee	NC Medicaid V1.1 does not use this field



NCPDP V1.1 Field	Field Name	Mandatory/Optional/Repeating	Field Type	Max Length	NCPDP 1.1 Value	North Carolina Medicaid Specifications
FS	Field Separator/ID	M			<1C>DQ	For NC Medicaid V1.1 use <1C>DQ
426-DQ	USUAL AND CUSTOMARY CHARGE	O	D	8		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>DU	For NC Medicaid V1.1 use <1C>DU
430-DU	GROSS AMOUNT DUE	O	D	8		Follow the rules of the Implementation Guide
FS	Field Separator/ID	M			<1C>DN	For NC Medicaid V1.1 use <1C>DN
423-DN	BASIS OF COST DETERMINATION	O	A/N	2	Blank = Not Specified 00 = Not Specified 01 = Average Wholesale Price (AWP) 02 = Local Wholesaler 03 = Direct 04 = Estimated Acquisition Cost (EAC) 05 = Acquisition 06 = Maximum Allowable Cost (MAC) 07 = Usual & Customary 09 = Other	NC Medicaid V1.1 does not use this field
Compound Segment						
SS	Segment Separator	M			<1E>	For NC Medicaid V1.1 use <1E>
FS	Field Separator/ID	M			<1C>AM	For NC Medicaid V1.1 use <1C>AM
111-AM	SEGMENT IDENTIFICATION	M	N	2	10	NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>EF	For NC Medicaid V1.1 use <1C>EF



NCPDP V1.1 Field	Field Name	Mandatory/Optional/Repeating	Field Type	Max Length	NCPDP 1.1 Value	North Carolina Medicaid Specifications
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	M	A/N	2	Blank = Not Specified 01 = Capsule 02 = Ointment 03 = Cream 04 = Suppository 05 = Powder 06 = Emulsion 07 = Liquid 10 = Tablet 11 = Solution 12 = Suspension 13 = Lotion 14 = Shampoo 15 = Elixir 16 = Syrup 17 = Lozenge 18 = Enema	NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>EG	<b>For NC Medicaid V1.1 use &lt;1C&gt;EG</b>
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	M	N	1	1 = Each 2 = Grams 3 = Milliliters	NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>EH	<b>For NC Medicaid V1.1 use &lt;1C&gt;EH</b>



NCPDP V1.1 Field	Field Name	Mandatory/Optional/Repeating	Field Type	Max Length	NCPDP 1.1 Value	North Carolina Medicaid Specifications
452-EH	COMPOUND ROUTE OF ADMINISTRATION	M	N	2	0 = Not Specified 1 = Buccal 2 = Dental 3 = Inhalation 4 = Injection 5 = Intraperitoneal 6 = Irrigation 7 = Mouth/Throat 8 = Mucous Membrane 9 = Nasal 10 = Ophthalmic 11 = Oral 12 = Other/Miscellaneous 13 = Otic 14 = Perfusion 15 = Rectal 16 = Sublingual 17 = Topical 18 = Transdermal 19 = Translingual 20 = Urethral 21 = Vaginal 22 = Enteral	NC Medicaid V1.1 does not use this field



NCPDP V1.1 Field	Field Name	Mandatory/Optional/Repeating	Field Type	Max Length	NCPDP 1.1 Value	North Carolina Medicaid Specifications
FS	Field Separator/ID	M			<1C>EC	<b>For NC Medicaid V1.1 use &lt;1C&gt;EC</b>
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	M	N	2		Follow the rules of the Implementation Guide
FS	Field Separator/ID	M			<1C>RE	<b>For NC Medicaid V1.1 use &lt;1C&gt;RE</b>
488-RE	COMPOUND PRODUCT ID QUALIFIER	M/R	A/N	2		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>TE	<b>For NC Medicaid V1.1 use &lt;1C&gt;TE</b>
489-TE	COMPOUND PRODUCT ID	M/R	A/N	19		Follow the rules of the Implementation Guide
FS	Field Separator/ID	M			<1C>ED	<b>For NC Medicaid V1.1 use &lt;1C&gt;ED</b>
448-ED	COMPOUND INGREDIENT QUANTITY	M/R	D	10		Follow the rules of the Implementation Guide
FS	Field Separator/ID	M			<1C>EE	<b>For NC Medicaid V1.1 use &lt;1C&gt;EE</b>
449-EE	COMPOUND INGREDIENT DRUG COST	O/R	D	8		NC Medicaid V1.1 does not use this field
FS	Field Separator/ID	M			<1C>UE	<b>For NC Medicaid V1.1 use &lt;1C&gt;UE</b>
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	O/R	A/N	2	Blank = Not Specified 01 = AWP 02 = Local Wholesaler 03 = Direct 04 = EAC 05 = Acquisition 06 = MAC 07 = Usual & Customary 09 = Other	NC Medicaid V1.1 does not use this field





NCPDP V1.1 Field	Field Name	Mandatory/Optional/Repeating	Field Type	Max Length	NCPDP 1.1 Value	North Carolina Medicaid Specifications
	Prior Authorization Segment					NC Medicaid V1.1 does not utilize this segment. Information received in this segment will not be used in processing.
	Clinical Segment					NC Medicaid V1.1 does not utilize this segment. Information received in this segment will not be used in processing.



## 4. DOCUMENT CHANGE HISTORY

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Status: Draft (Version number and date are used for configuration control of this deliverable)

*The controlled master of this document is available in the EDS North Carolina Title Nineteen (NCXIX) eRoom<sup>®1</sup>. Hard copies of this document are for information only and are not subject to document control.*

Version	Issue Date	Created By	Comments/Reason
1.0	02/21/2003	Kristi Troutt	Original document

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